## PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

Application or Docket Number

0660346

| CLAIMS AS FILED - PART I                                   |   |   |                   |                               |              |                  |          | SMALL ENTITY    |                        |         | OTHER THAN          |                        |  |
|--|---|---|-------------------|-------------------------------|--------------|------------------|----------|-----------------|------------------------|---------|---------------------|------------------------|--|
| TOTAL CLAIMS   |   |   | (Column 1)        |                               | (Column 2)   |                  |          | RATE FEE        |                        | OR      | SMALL               |                        |  |
|  |   |   | ( )               |                               |              |                  |          |                 | FEE                    |         | RATE                | FEE                    |  |
| FO   | R<br>   |   | NUMBER FILED      |                               | NUMBER EXTRA |                  | BAS      | C FEE           | 375.00                 | OR      | BASIC FEE           | 750.00                 |  |
| TO   | TAL CHARGEA   | BLE CLAIMS                                | 28' minus 20=     |                               | * 2 7        |                  | X        | 6 9=<br>        | 72                     | OR      | X\$18=              |                        |  |
|  | EPENDENT CL   |   | Minus 3 =         |                               |              |                  | X        | 12=             | 42                     | OR      | _X84≡               |                        |  |
| MULTIPLE DEPENDENT CLAIM PRESENT                           |   |   |                   |                               |              |                  | +1       | 40=             | 140                    | OR      | +280=               |                        |  |
| * If the difference in column 1 is less than zero, enter " |   |   |                   |                               |              | olumn 2          | TO       | TAL             | 629                    | OR      | TOTAL               |                        |  |
| CLAIMS AS AMENDED - PART II                                |   |   |                   |                               |              |                  |          | OTHER THAN      |                        |         |                     |                        |  |
|  | (Column 1)  |   |                   | (Colur                        |              | (Column 3)       | SMALL    |                 |                        | OR<br>I | SMALL               |                        |  |
| <b>AMENDMENT A</b>   |   | REMAINING<br>AFTER<br>AMENDMENT           |                   | NUM<br>PREVIO<br>PAID         | BER<br>DUSLY | PRESENT<br>EXTRA | R/       | ATE             | ADDI-<br>TIONAL<br>FEE |         | RATE                | ADDI-<br>TIONAL<br>FEE |  |
| NDN  | Total   | *   | Minus             | **                            | · -          | =                | X        | 9=              |                        | OR      | X\$18=              |                        |  |
| AME  | Independent   | *   | Minus             | ***                           | - 01         | =                | X        | 12=             |                        | OR      | X84=                |                        |  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM             |   |   |                   |                               |              |                  |          | 40=             |                        |         | +280=               |                        |  |
| Please help  |   |   |                   |                               |              |                  |          | TOTAL           |                        | OR      | TOTAL               |                        |  |
|  |   |   |                   |                               |              |                  |          | T. FEE          |                        | OR      | ADDIT. FEE          |                        |  |
| _  |   | (Column 1)<br>CLAIMS                      | 14 1 2 41         | (Colur                        |              | (Column 3)       | _        |                 |                        |         |                     |                        |  |
| AMENDMENT B  |   | REMAINING<br>AFTER<br>AMENDMENT           |                   | NUM<br>PREVIO<br>PAID         | BER<br>OUSLY | PRESENT<br>EXTRA | R/       | ATE             | ADDI-<br>TIONAL<br>FEE |         | RATE                | ADDI-<br>TIONAL<br>FEE |  |
|  | Total   | *   | Minus             | **                            |              | =                | X        | 9=              |                        | OR      | X\$18=              |                        |  |
|  | Independent   | *   | Minus             | ***                           |              | =                | X        | 12=             |                        | OR      | X84=                |                        |  |
| Ļ  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |   |                   |                               |              |                  |          | 40=             |                        | OR      | +280=               |                        |  |
|  |   |   |                   |                               |              |                  |          | TOTAL<br>T. FEE |                        | OR      | TOTAL<br>ADDIT. FEE |                        |  |
| (Column 1) (Column 2) (Column 3)                           |   |   |                   |                               |              |                  |          |                 |                        |         |                     |                        |  |
| AMENDMENT C  |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                   | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>OUSLY | PRESENT<br>EXTRA | R/       | ATE.            | ADDI-<br>TIONAL<br>FEE | :       | RATE                | ADDI-<br>TIONAL<br>FEE |  |
|  | Total   | *   | Minus             | **                            |              | =                | X        | 9=              |                        | OR      | X\$18=              |                        |  |
| AME  | Independent   | *   | Minus             | ***                           |              | =                | X        | 12=             |                        | OR      | X84=                |                        |  |
| L  | FIRST PRESE   | NTATION OF M                              | ILTIPLE DEPENDENT |                               | CLAIM        |                  |          | 40=             |                        |         | <del></del>         |                        |  |
| *  | * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.   |   |                   |                               |              |                  |          |                 |                        | OR      | +280=               |                        |  |
| **   | ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." |   |                   |                               |              |                  |          |                 |                        |         |                     |                        |  |
|  | The "Highest Nun  | nber Previously Pa                        | id For" (Total o  | r Independ                    | ent) is the  | highest number   | found in | the ap          | propriate box          | x in co | lumn 1.             |                        |  |